

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41240

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>583</u>	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (In this place) 40 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Joplin			
d. FULL NAME OF HOSPITAL OR INSTITUTION Robertson Apt. 410 Wall St.				d. STREET ADDRESS (If rural, give location) Robertson Apt. 410 Wall Street			
3. NAME OF DECEASED (Type or Print) Martha		a. (First)		b. (Middle) Copenhaver		c. (Last) ROBERTSON	
4. DATE OF DEATH (Month) (Day) (Year) December 24, 1950							
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 25, 1863		9. AGE (In years last birthday) 87	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Martin Copenhaver		13b. MOTHER'S MAIDEN NAME Martha Hall		14. NAME OF HUSBAND OR WIFE Riley F. Robertson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Riley Robertson 410 Wall St. Joplin, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aneurysm ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 72 hrs 8 mos. 2 33-2X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-27</u> , 19 <u>50</u> , to <u>12-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-24</u> , 19 <u>50</u> , and that death occurred at <u>8:25P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>[Signature]</i> MD.		23b. ADDRESS Joplin Mo		23c. DATE SIGNED 12-26-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 27, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE RECD BY LOCAL REG. 12-29-50		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-5-51
Jasper County Health Office
County File Number 50-12-982
Date Filed 1-6-51

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Student Embalmer No. _____,
working under my personal supervision.

Signed _____
Signed _____
Student Embalmer Licensed Embalmer No. _____
P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.